

FILED NOV 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 36997
4594

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 20 YRS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		2128	
d. FULL NAME OF HOSPITAL OR INSTITUTION 724 CAMPBELL-REAR				d. STREET ADDRESS (If rural, give location) 724 CAMPBELL REAR			
3. NAME OF DECEASED a. (First) NANNY		b. (Middle)		c. (Last) DICKSON		4. DATE OF DEATH (Month) (Day) (Year) 9-7-1950	
5. SEX 3 FEMALE		6. COLOR OR RACE COLORED		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH UNKNOWN	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) UNKNOWN		11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE UNKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME CORONER'S OFFICE ADDRESS JACKSON City			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 443h			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Thos. A. Jones (Name or title) Thos. A. Jones M.D. Deputy Coroner				23b. ADDRESS 1612-E-12th		23c. DATE SIGNED 9-27-50	
24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE SEPT. 27/1950		24c. NAME OF CEMETERY OR CREMATORY WESTLAWN		24d. LOCATION (City, town, or county) (State) KANSAS CITY KANS.	
DATE REC'D BY LOCAL REG. 11-1-50		REGISTRAR'S SIGNATURE Geraldine Holmes		FUNDAL DIRECTOR'S SIGNATURE BRADY-BROWN		ADDRESS 1708 TRACY	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. Student Embalmer No.

Signed.....
Signed.....
Student Embalmer Licensed Embalmer No.....

P. O. Address.....
Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.